

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10534212 FILING DATE _____
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL CLAIMS | 6 | ████████ | 6 | ████████ | 6 | ████████ |

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| TOTAL CLAIMS | 6 | ████████ | 6 | ████████ | 6 | ████████ |

PTO-1360 (REV. 11/04)

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